

STATE OF ALASKA
DIVISION OF ELECTIONS
REFERENDUM PETITION APPLICATION FORM

TITLE OF ACT TO BE REFERRED: _____

REFERENDUM COMMITTEE SPONSOR

NAME _____

ADDRESS _____

PHONE NUMBER _____

SIGNATURE _____

VOTER NUMBER, BIRTHDATE, OR SOCIAL SECURITY NUMBER (OPTIONAL) _____

REFERENDUM COMMITTEE SPONSOR

NAME _____

ADDRESS _____

PHONE NUMBER _____

SIGNATURE _____

VOTER NUMBER, BIRTHDATE, OR SOCIAL SECURITY NUMBER (OPTIONAL) _____

REFERENDUM COMMITTEE SPONSOR

NAME _____

ADDRESS _____

PHONE NUMBER _____

SIGNATURE _____

VOTER NUMBER, BIRTHDATE, OR SOCIAL SECURITY NUMBER (OPTIONAL) _____

A complete application must have the following:

- _____ \$100 application fee. The fee is refunded if the referendum is properly filed and certified for the ballot.
- _____ This form, designating the referendum committee of three sponsors who shall represent all sponsors and subscribers in matters relating to the referendum.
- _____ The act (i.e., law) to be referred.
- _____ A statement that the 100 sponsors are qualified voters and signed the application with the act to be referred attached.
- _____ The signatures and addresses of not less than 100 qualified (properly registered) voters with the full text of the act to be referred attached to every signature page.

Please send the complete application to:

Office of the Lt. Governor
PO Box 110015
Juneau AK 99811-0015